

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

ORIGINAL

Illinois Commerce Commission
527 East Capitol Avenue
Post Office Box 19280
Springfield, Illinois 62794-9280

For Commission Use Only:

Regarding a complaint

by DAVID G. DZIUBAN
(Person making the complaint)

Case 00-0372

against COM ED
(Utility name)

as to OVER BILLING OF ELECTRIC SERVICES.

in DIXON Illinois.
(Reason for complaint)

CHIEF CLERK'S OFFICE

MAY 22 4 17 PM '00

ILLINOIS
COMMERCE COMMISSION

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 464 PINE HILL DR. #6, DIXON, IL. 61021

The service address that I am complaining about is 464 PINE HILL DR. #6, DIXON, IL. 61021
PREVIOUSLY KNOWN AS 464 PINE HILL DR. #C1, DIXON, IL 61021

My home telephone number is 815, 288-1175

Between 8:30 a.m. and 5:00 p.m. weekdays I can be reached at 815, 288-1175

COM ED (respondent) is a public utility and is subject to the provisions of
(Full name of utility company)
the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs which you think are involved with your complaint.

Have you contacted the Consumer Affairs Division of the Illinois Commerce Commission about this complaint? ☒ Yes ☐ No

Has your complaint filed with that office been closed? ☒ Yes ☐ No

Please state your complaint briefly. Number each of the paragraphs. Please include any specific time period and dollar amounts involved with your complaint. Use an extra sheet of paper, if needed.

1. 464 PINE HILL DR. #6 WAS BEING BILLED FOR UNIT #5. AS SUPPORTED BY DOCUMENTS FROM BOTH COMED AND MY LANDLORD.
2. OVERPAYMENT OF BILL IS OVER \$5000. NOT INCLUDING PENALTIES & INTEREST.

Please clearly state what you want the Commission to do in this case.

1. REFUND OVERPAYMENTS OF \$5000. +
2. REMOVE DEPOSIT REQUIREMENT FROM ACCOUNT
3. CORRECT BILLING & METER NUMBERS

Date: 05.14.2000
(Month, day, and year)

Complainant's signature [Signature]

If you will be represented by an attorney, please give the attorney's name, address, and telephone number.

You need to file the original and three copies of this form with the Commission and also provide the Commission one copy for each utility complained about (referred to as respondents).

VERIFICATION

A notary public must watch you fill out this part of the form.

I, DAVID G. DZIUBAN, first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.

[Signature]
(Signature)

Subscribed and sworn/affirmed to before me this 18th day of May, 19 2000

Larry E. Newcomer
Notary Public, Illinois

NOTE:

Failure to answer all of the questions on this form may result in this form being returned to you without processing. If you have questions, please call the counselor in the Consumer Affairs Division that handled your informal complaint.

